

RCRIS Notification Data Change Form

EPA Id: CAD008254047

Date Received: 081392 Source(N/E/S): Non-Notifier Flag:

Name of Installation: Pressure Systems Inc.

Installation Location Address

Streets: 6033 E Bandini Blvd.

City: City of Commerce State: CA Zip: 900402889

Country Code: County Name:

Installation Mailing Address

Streets: PO Box 6999

City: Los Angeles State: CA Zip: 90022

Contact Information

Last Name First Name Title Phone Address(M,L,O)

Corey Ronald Mgr Env. 213 7220222

Streets:

City: State: Zip:

Land Type:

Owner/Operator Information

Owner: Pressure Sys. Inc. Type of Owner: P

Streets: PO Box 6999

City: Los Angeles State: CA Zip: 90022

Phone: 213 7220222

Current/Previous Indicator: C0 Change Date: 010188

Waste Activity:	Type	RCRA Reg Status	RCRA Reg Desc	State Reg Status	State Reg Desc
Generator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Transporter	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
TSD	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Burner/Blender

HWF Market to Burner HWF Other Market HWF Burner

OSO Market to Burner OSO Other Market OSO Burner

SO ACT:

Burner Type: Utility Boiler Industrial Boiler Furnace

Underground Injection Control:

Recycler:

Mode of Transportation: Air Rail Highway Water Other

Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical

add: 8003 0003
8005

delet
0158

Name Change: X Old Name: Sweco

FINDS Staff:

Date Changed:

Notif. Staff: VKH

Date Changed: 091092

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

8/13/92

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

X

B. Subsequent Notification
(complete item C)

C A D

C. Installation's EPA ID Number

008254047

W
SOL
PINDS

II. Name of Installation (Include company and specific site name)

P R E S S U R E S Y S T E M S I N C

CAD008254047

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 0 3 3 E . B A N D I N I B L V D .

Street (continued)

City or Town

C O M M E R C E

State

C A

ZIP Code

9 0 0 4 0 - 2 9 8 9

County Code

037

County Name

L O S A N G E L E S

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 6 9 9 9

City or Town

L O S A N G E L E S

State

C A

ZIP Code

9 0 0 2 2 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

C O R E Y

(first)

R O N A L D

Job Title

M G R E N V . E S U P .

Phone Number (area code and number)

2 1 3 - 7 2 2 - 0 2 2 2

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

X

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

P R E S S U R E S Y S T E M S I N C .

Street, P.O. Box, or Route Number

P O B O X 6 9 9 9

City or Town

L O S A N G E L E S

State

C A

ZIP Code

9 0 0 2 2 -

Phone Number (area code and number)

2 1 3 - 7 2 2 - 0 2 2 2

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

07

Day

1

Year

0

Year

9

Year

2

W

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions) ☒ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 1	F 0 0 5	F 0 0 3			
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
0 1 7 1	0 6 1 1	0 2 2 1			

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Alex Roberts/ President, CEO

Date Signed

8/15/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

PRESSURE SYSTEMS, INC.

PSI

6033 East Bandini Boulevard
Commerce, CA 90040
Post Office Box 6999
Los Angeles, CA 90022
213-722-0222
Fax 213-721-6002

06 August 1992

US EPA REGION IX
RCRA GROUP
TOXICS & WASTE MANAGEMENT DIVISION
594 Howard Street
Suite 401
San Francisco, CA 94105

Dear Sirs:

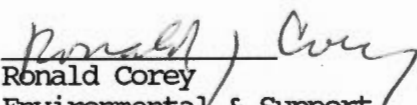
This letter serves to inform you that TRW Pressure Systems Inc, EPA No. CAD 982445934, has been bought by a management backed transition resulting in a name change to "PRESSURE SYSTEMS INC.." as of July 10, 1992. All aspects of the business have remained unchanged at this time, and no changes are anticipated in the future that will change our EPA status.

If any change of a nature that would require subsequent notification occurs, the proper forms will be submitted.

Enclosed is an updated "Notification of Regulated Waste Activity" form reflecting the name change and other minor changes.

If any questions arise please contact me at (213) 722-0222, 7:00 a.m. to 4:00 p.m.

Very Truly Yours,
PRESSURE SYSTEMS, INC.


Ronald Corey
Environmental & Support
Services Manager

*-called him
& told him
to use old desk
at the site
CAD 008 254 047*

RC:bb
Enclosure



Process Equipment
Oil Field Service
Metal Finishing Equipment

SWECO, INC. 6033 East Bandini Blvd., P.O. Box 4151, Los Angeles, California 90051
Telephone (213) 726-1177
Telex 67-4968
Cable SWECOLA

August 18, 1980

Mr. Bill Wilson
EPA Region IX
Attention: A-3-2
215 Fremont Street
San Francisco, California 94105

Dear Mr. Wilson:

SWECO, Incorporated, has been identified as an installation which may possibly handle hazardous waste.

I have reviewed the regulations published by EPA in the May 18, 1980, Federal Register, Vol. 45, No. 98, Part 261 which identifies and lists hazardous wastes. The solid waste handled by SWECO, Incorporated, is excluded from hazardous waste regulations because we comply with all conditions specified in Section 261.5, Special Requirements for Hazardous Waste Generated by Small Quantity Generators, paragraphs (a), (b), (c) and (d).

Enclosed please find EPA Form 8700-12, Notification of Hazardous Waste Activity, for each SWECO, Incorporated, installation.

If after reviewing our notification process you have any questions, please contact me for assistance.

Sincerely yours,

Gene A. Huber
Vice President-Engineering

sa

Enclosures

I.D. - FOR OFFICIAL USE ONLY																
5	W	C	A	D	0	0	8	2	5	4	0	4	7	T/A	C	
1	2													13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

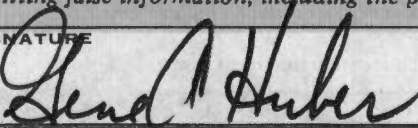
☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

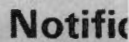
☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Gene A. Huber, Vice President-Engineering	DATE SIGNED 8/18/80
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Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OT



360065270000

CA 90051

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

[illegible]

S	W	E	C	O		I	N	C.		D	I	V.		E	M	E	R	S	O	N		E	L	E	C	T	R	I	C
---	---	---	---	---	--	---	---	----	--	---	---	----	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---

		Street or P.O. Box																						
C 3	P	O		B	O	X		4	1	5	1													
		City or Town																State		ZIP Code				
C 4	L	O	S		A	N	G	E	L	E	S							C	A	9	0	0	5	1

[illegible]

Name and Title (last, first, and job title)													Phone Number (area code and number)																
C 2	B	A	R	T	O	N		J	A	M	E	S		I	N	D.	E	N	G.	2	1	3	7	2	0	4	4	8	6

A. Name of Installation's Legal Owner															B. Type of Ownership (enter code)								
C R	E	Q	U	I	T.		R	E	A	L		E	S	T	A	T	E		I	N	V.		P

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	037 LA
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

ID — For Official Use Only

C

T/A C

W

1

X. Description of Hazardous Wastes (continued from front)**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 5 8					
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

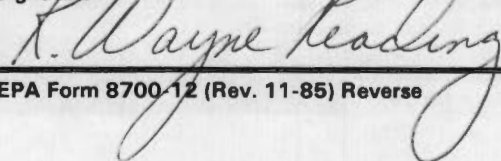
E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)1. Ignitable
(D001)2. Corrosive
(D002)3. Reactive
(D003)4. Toxic
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed



V.P. Finance & Admin.

4/22/86